

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

|   |                    |  |   |   |  |
|---|--------------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>ESAFund</b>   |                    |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00489856   |   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>  |                    |  | <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> <span>MM / DD / YYYY</span> <span>MM / DD / YYYY</span> </div>         |   |  |
| Full Name of Payee<br><b>Norway Hill Associates, Inc.</b>   |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>04 / 11 / 2016</b>  |   |  |
| Mailing Address <b>30 Norway Hill Road</b>  |                    |  | Amount<br><b>24562.50</b>   |   |  |
| City<br><b>Hancock</b>  | State<br><b>NH</b> | Zip Code<br><b>03449</b>   | Transaction ID : <b>SE.6488</b>   |   |  |
| Purpose of Expenditure<br>direct voter contact  |                    | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |   |  |
| Name of Federal Candidate<br><b>Kelly A. Ayotte</b>   |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |                    | <b>0.00</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |   |  |
| Full Name of Payee<br><b>Norway Hill Associates, Inc.</b>   |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>04 / 11 / 2016</b>  |   |  |
| Mailing Address <b>30 Norway Hill Road</b>  |                    |  | Amount<br><b>8187.50</b>  |   |  |
| City<br><b>Hancock</b>  | State<br><b>NH</b> | Zip Code<br><b>03449</b>   | Transaction ID : <b>SE.6492</b>   |   |  |
| Purpose of Expenditure<br>direct voter contact  |                    | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |   |  |
| Name of Federal Candidate<br><b>Margaret Wood Hassan</b>  |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |                    | <b>0.00</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶  |                    |  | <b>32750.00</b>   |   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶   |                    |  |   |   |  |
| (c) TOTAL Independent Expenditures..... ▶   |                    |  |   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                    |  |   |   |  |
| Signature<br><br><i>Nancy H. Watkins</i>  |                    | [Electronically Filed]   |   | Date<br>MM / DD / YYYY<br><b>04 / 11 / 2016</b> |  |

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FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>ESAFund</b>  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00489856 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Payee<br><b>Targeted Victory</b>           |             |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 14 / 2016</b>  |  |  |
| Mailing Address 1033 N. Fairfax Street<br>Suite 400     |             |  | Amount<br><b>175.00</b>   |  |  |
| City<br>Alexandria                                      | State<br>VA | Zip Code<br>22314  | Transaction ID : <b>SE.6493</b>   |  |  |
| Purpose of Expenditure<br>online advertising            |             | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |  |  |
| Name of Federal Candidate<br>Kelly A. Ayotte            |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <b>0.00</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |  |  |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Payee<br><b>Targeted Victory</b>           |             |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>04 / 11 / 2016</b>  |  |  |
| Mailing Address 1033 N. Fairfax Street<br>Suite 400     |             |  | Amount<br><b>175.00</b>   |  |  |
| City<br>Alexandria                                      | State<br>VA | Zip Code<br>22314  | Transaction ID : <b>SE.6495</b>   |  |  |
| Purpose of Expenditure<br>online advertising            |             | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |  |  |
| Name of Federal Candidate<br>Kelly A. Ayotte            |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <b>0.00</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |  |  |

|  |                 |
|--|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>350.00</b>   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <b>33100.00</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 11 / 2016**

Signature